

| CLAIMS ONLY | | | | Application Number 101028334 | | Filing Date | |
|---------------------------------------------------|----------|--------|-----------------------|------------------------------------------------------------------------|------------------------|-------------|----|
| | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Application Number 101728334 | Filing Date |
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| Application Number 101728334 | Filing Date |
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Applicant(s)

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| * May be used for additional claims or amendments | | |
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| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 15 | | | | | |
| Total Depend | | | | | | |
| Total Claims | 16 | | | | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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